REPORT TO THE

TWENTY-FIRST LEGISLATURE

STATE OF HAWAII

2002

PURSUANT TO
SECTION 329-3, HAWAII REVISED STATUTES,
REQUIRING A REPORT BY THE
HAWAII ADVISORY COMMISSION ON DRUG ABUSE
AND CONTROLLED SUBSTANCES
(HACDACS)

PREPARED BY:

HAWAII ADVISORY COMMISSION ON DRUG ABUSE
AND CONTROLLED SUBSTANCES

DEPARTMENT OF HEALTH
STATE OF HAWAII
JANUARY 2002

EXECUTIVE SUMMARY

Fiscal Year 2000-01 Annual Report for the Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACS) is submitted pursuant to Section 329-3, Hawaii Revised Statutes (HRS).

Duties of the Hawaii Advisory Commission on Drug Abuse and Controlled Substances are delineated in Section 329-4, HRS. The commission adopted the following as its mission statement:

> **The mission of HACDACS is to contribute to the solution of problems arising from substance abuse by acting in an advisory capacity to the Governor and the Legislature, and to the Departments of Health and Public Safety.**

Pursuant to Section 329-2, HRS, the 15 commission members "... represent the pharmacological, medical, community and business affairs, youth action, educational, legal defense, enforcement, and corrections segments of the community."

Fiscal Year 2000-01 Annual Report for the commission contains information on its membership, organizational structure and highlights of activities. Recommendations to address the issue of substance abuse are as follows:

- ⇨ **HACDACS recommends that substance abuse prevention resources directed at families, schools, communities and workplaces be developed and implemented through a statewide prevention strategy that is coordinated and leveraged to reduce alcohol and other drug use among our youth.**

- ⇨ **HACDACS recommends support for initiatives that address underage drinking through education and enforcement activities, including but not limited to media campaigns and the imposition of graduated sanctions on those who sell alcoholic beverages to minors.**

- ⇨ **HACDACS recommends providing increased resources to establish a continuum of substance abuse treatment services -- residential, day treatment, intensive outpatient, outpatient, and therapeutic living modalities for adults, and residential and school-based modalities for adolescents -- to ensure the availability and accessibility of substance abuse treatment at the most appropriate level of care.**

- ⇨ **HACDACS recommends that support services -- primary health care, housing, public assistance, education and vocational training, transportation -- be adequately funded to support successful, long-term recovery.**

- ⇨ **HACDACS recommends equalizing health insurance coverage between behavioral health and other medical services by barring limitations or financial requirements on the coverage of behavioral health benefits if similar limitations or requirements are not imposed on medical and surgical benefits.**

REPORT TO THE LEGISLATURE
SUBMITTED BY
THE HAWAII ADVISORY COMMISSION ON DRUG ABUSE
AND CONTROLLED SUBSTANCES (HACDACS)
FOR FISCAL YEAR 2000-01

Duties of the Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACS) are delineated in §329-4, Hawaii Revised Statutes (HRS). The commission adopted the following as its mission statement:

> **The mission of HACDACS is to contribute to the solution of problems arising from substance abuse by acting in an advisory capacity to the Governor and the Legislature, and to the Departments of Health and Public Safety.**

Pursuant to Section 329-2, HRS, the 15 commission members are "selected on the basis of their ability to contribute to the solution of problems arising from the abuse of controlled substances, and to the extent possible, shall represent the pharmacological, medical, community and business affairs, youth action, educational, legal defense, enforcement, and corrections segments of the community." The commission is attached to the Department of Health for administrative purposes.

MEMBERS BY CATEGORY OF APPOINTMENT AND TERM OF OFFICE

JUDITH AKAMINE
(Big Island) - Community and Business Affairs - 6/30/02

GARY L. BLAICH, M.D.
(Kauai) - Mental Health Liaison 6/30/03

THE REVEREND ALISON M. DINGLEY
Community and Business Affairs - 6/30/05

KRISTINE M. FOSTER
Community and Business Affairs - 6/30/04

LORRAINE GODOY
(Big Island) - Community and Business Affairs - 6/30/01

DOMINIC K. INOCELDA
Community and Business Affairs - 6/30/01

THOMAS H. KAAIAI, JR.
Enforcement - 6/30/01

BERT Y. MATSUOKA
Youth Action - 6/30/04

GERALD J. MCKENNA, M.D.
(Kauai) - Medical - 6/30/01

WENDELL T. MURAKAWA
Corrections - 6/30/04

THELMA C. NIP
Education - 6/30/05

VERONICA B. YAMANOHA
(Maui) - Education - 6/30/01

BARBARA A. YAMASHITA
Community and Business Affairs - 6/30/04

On April 15, 1999, members voted unanimously to elect Thelma Nip as Chairperson and on October 6, 2000, members voted unanimously to elect Gary Blaich as Vice-Chairperson. Monthly meetings were scheduled for the last Thursday of each month.

The commission is organized into two regular committees, two ad hoc committees and one liaison. Their respective areas of focus are:

Committee on Substance Abuse Prevention and Education. Assists the Department of Health in coordinating all activities directed toward the prevention of substance abuse. (Thomas H. Kaaiai, Jr., Chair; Judith Akamine; Dominic Inocelda; Bert Matsuoka; Thelma Nip; and Veronica Yamanoha)

Committee on Substance Abuse Treatment, Health Care Reform, Counselor Certification and Program Accreditation. Assists the Department of Health in coordinating all activities directed toward the treatment of substance abuse, examines health care reform proposals and their impact on service provision for substance abuse treatment, and advises the Department of Health on the qualifications and requirements for certification of individuals and accreditation of programs providing substance abuse treatment and prevention services. (Alison Dingley, Chair; Judith Akamine; Gary Blaich; Kristine Foster; Lorraine Godoy; Gerald McKenna; and Barbara Yamashita)

Ad Hoc Committee on Legislation. Makes recommendations regarding legislation that directly or indirectly relates to prevention, treatment and law enforcement issues associated with substance abuse, including advising the Department of Public Safety on the establishment and maintenance of a schedule classifying controlled substances. (Thelma Nip, Chair; Judith Akamine; Gary Blaich; Alison Dingley; Dominic Inocelda; Bert Matsuoka; and Gerald McKenna)

Ad Hoc Committee on Annual Report. Drafts and finalizes HACDACS Annual Report (Dominic Inocelda, Chair; Thomas Kaaiai; Gerald McKenna; and Veronica Yamanoha)

Liaison. A liaison provides representation to the Department of Public Safety. (Wendell Murakawa)

SUBSTANCE ABUSE PREVENTION

Substance Abuse Prevention. The use and abuse of alcohol, tobacco and other drugs, represent a particular threat to young people in their formative years. Prevention services are needed, particularly to address the State's 294,000 youths 18 years of age and under (or 26% of the total State population).

Alcohol and other drug (AOD) problems in communities do not appear overnight; solutions will not occur without the commitment of human and financial resources. Prevention is a dynamic, proactive process that attempts to reduce the supply and demand for alcohol and other drugs by focusing on the agent, the host, and the environment. The agent is defined as alcohol, tobacco, and other legal and illegal drugs. The host is defined as the individual and/or group, their particular susceptibilities to alcohol and other drug-related problems, and their knowledge and attitudes that influence their drinking, and other drug-using behavior. The environment is defined as the setting or context in which drinking and other drug-using behavior occurs or is influenced and includes specific institutions and systems; such as schools and religious institutions, the community in which they exist, and the larger society with its norms and mores.

Prevention efforts also address the **agent** by encouraging physicians, legislators, churches, schools and businesses to act to address alcohol, tobacco and drug availability within communities. Efforts that address the agent include prevention strategies that assist the public in understanding the dangers of the use and abuse of alcohol and other drugs, as well as the impairment which occurs from use of certain types of alcohol and other drugs. Prevention efforts can target policies and practices addressing the influence of alcohol, tobacco and drug availability, price, distribution and consumption. Nationally, prevention efforts have focused on promotional practices that target certain high-risk populations and that advance messages encouraging abuse of alcohol, tobacco and other drugs. Working collaboratively, communities can advance the shared goal of minimizing the occurrence and severity of problems that result from substance abuse.

Host factors involve assisting individuals in examining their motivation for using alcohol tobacco and other drugs, understanding family and community risk factors which may contribute to their use, and developing living skills which promote healthy lifestyles. In particular, activities which (a) strengthen identification with viable role models; (b) strengthen family involvement and bonding; (c) develop problem-solving abilities; (d) develop intrapersonal skills; (e) develop interpersonal skills; and (f) develop skills for assessing individual risk and adapting lifestyle decisions based on the risk assessment for the use of alcohol. By strengthening individuals, families and groups with sound primary prevention efforts, the reduced use of alcohol, tobacco and other drug use can be achieved.

Environmental prevention efforts are premised on the belief that lasting changes can be made by involving all sectors of the community in defining a clear and consistent message for alcohol, tobacco and other drug prevention. Efforts aim to minimize community norms and policies that contribute to the abuse of alcohol, tobacco and other drugs. Changing norms frequently involves advocating for policies and procedures which make low-risk alcohol use by adults the norm, ensuring that tobacco laws related to sales of tobacco to minors are enforced, and that abstinence from illegal drug use is the acceptable standard within the community. The ultimate goal of the

environmental prevention strategies is to develop clear and consistent written and unwritten policies that allow for healthier lifestyles that are free from problems caused by use of alcohol, tobacco and other drugs.

Because the agent (drugs), the host (individual or group) and the environment (society) are interactive and interdependent, prevention efforts must deal with all three simultaneously. Prevention activities strengthen long-term efforts in preventing and reducing the effects of substance abuse.

STATE INCENTIVE GRANT (SIG) FOR SUBSTANCE ABUSE PREVENTION

State Incentive Grant for Substance Abuse Prevention. On October 3, 2000, Governor Ben Cayetano announced that the Governor's Office was awarded an $8.4 million grant by the federal Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (SAMHSA/CSAP) over a three-year period to go toward substance abuse prevention. The grant will strengthen efforts to reduce illegal drug and alcohol use among youth and will also help the state develop a coordinated strategy for tracking performance and results of programs. About 85% of the funds will go directly to community-based prevention programs.

The grant will fund approximately 20 local communities to implement prevention approaches. Funds will empower communities to take an active role in developing culturally sensitive, research-based programs to reduce the impacts of alcohol and illegal drugs on our children's lives. The grant is expected to unify the state's youth substance abuse prevention efforts under the Hawaii Performance Partnership Board's Boost4Kids program by providing common language, risk and protective factors and school community indicator profiles. It will also allow the state to identify gaps in services, remove barriers to progress, leverage and redirect resources, and provide technical assistance to agencies.

Funding will support State activities to develop and implement a comprehensive statewide prevention strategy. The SAMHSA/CSAP State Incentive Program calls upon Governors to coordinate, leverage and/or redirect, as appropriate and legally permissible, <u>all</u> federal and state substance abuse prevention resources directed at communities, families, schools and workplaces to develop and implement an effective, comprehensive, statewide prevention strategy aimed at reducing drug use by youth.

The State Incentive Program has a two-fold purpose:

> That Governors should coordinate, leverage and/or redirect, as appropriate and legally permissible, all substance abuse prevention resources (funding streams and programs) within the state that are directed at communities, families, youth, schools and workplaces in order to fill gaps with effective, community-based prevention efforts that are derived from sound, scientific research findings and will be implemented in communities. These prevention efforts should be targeted to marijuana and other drug use by youth. Any redirection of federal funds, however, must be consistent with the terms and conditions of such funding and all other federal laws.

That states should develop a revitalized, comprehensive statewide strategy aimed at reducing drug use by youth through the implementation of community-based prevention efforts derived from sound scientific research findings.

By restricting eligibility to the Governor's Office, SAMHSA/CSAP believes that optimal conditions and incentives needed to establish a successful State Incentive Program are assured. The Governor's leadership and involved commitment to youth substance abuse prevention, coupled with the infrastructure previously developed through the Substance Abuse Prevention and Treatment (SAPT) Block Grant funds can spur the renewed support of organizations throughout the state and ensure that substance abuse prevention aimed at youth remains a high-priority, comprehensive and systemically integrated statewide effort.

SAMHSA/CSAP strongly supports state use of existing prevention expertise and resources that already reside in the alcohol and drug Single State Agency (SSA), which funds prevention strategies through the SAPT Block Grant.

To accomplish these goals, planning, training and technical assistance will be based on the following principles:

Community-based prevention. Prevention efforts will support people and organizations in developing a sound information base to support prevention planning in the 20 communities identified as planning areas. Individuals and organizations in the community will be assisted in building their capacity to assess local needs, identify resources and gaps and to build effective prevention programs.

***Risk and protective factors*.** Communities will be assisted in assessing prevention needs in terms of the risk factors that increase the likelihood of our youth engaging in dangerous behaviors, and protective factors that have been shown to help young people avoid drugs, alcohol and other high-risk activities.

***Best practices/promising practices*.** Prevention programs and approaches that have been identified through research, as well as the development and field testing of new approaches will be supported.

***Outcome based strategies*.** To assure quality and accountability, strategies that are based on clear, precise statements of results and outcomes that identify the benefits to be derived from the proposed prevention activities will be supported.

Cultural appropriateness. Programs (or adaptations of programs) that are effective with the state's various cultural groups, or the development of additional culturally specific programs, will be supported.

***Partnership*.** The contributing of resources toward accomplishing a common result/outcome is encouraged.

Primary prevention strategies – education, media, programs, family involvement – developed by CSAP are as follows:

Information dissemination provides awareness and knowledge of the nature and extent of substance abuse and addiction and its effects on individuals, families, and communities. The strategy is also intended to increase knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.

Education involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator and/or facilitator and the participants is the basis of the components. Services under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis and systematic judgement abilities.

Alternatives provide for the participation of target populations in activities that exclude substance abuse. The assumption is that constructive and healthy activities offset the attraction to, or otherwise meet the needs usually filled by, alcohol, tobacco, and other drugs and would therefore minimize or alleviate the need to use these substances.

Problem identification and referral aims at the general classification of those who have indulged in illegal or age-inappropriate use of tobacco or alcohol, and those who have indulged in the first use of illicit drugs, in order to assess whether their behavior can be reversed through education. It should be noted, however, that this strategy does not include any function designed to determine whether a person is in need of treatment.

Community-based process strategies aim to enhance the ability of the community to more effectively provide prevention and treatment services for substance abuse. Services in this strategy include organizing, planning, and enhancing the efficiency and effectiveness of services implementation, interagency collaboration, coalition building and networking.

Environmental strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing the incidence and prevalence of the abuse of alcohol, tobacco and other drugs used in the general population. This strategy is divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to the service and action-oriented initiatives.

SUBSTANCE USE DISORDERS AS A PUBLIC HEALTH ISSUE

According to the Institute of Medicine, *addiction* is a bio-psycho-social disease, a disorder requiring ongoing treatment and intervention, not only episodic or acute care. As a complex bio-psycho-social disorder, substance abuse tends to be chronic and relapsing by nature. From a clinical standpoint, it should be likened to hypertension or diabetes, diseases which require ongoing treatment and intervention, if the patient is to attain and maintain recovery. Some

patients, by virtue of the severity of their addiction, will require a lifetime of intervention in order to maintain recovery.

Disabilities caused by untreated substance abuse are extremely costly in both monetary and human terms. Substance abuse treatment services are an essential and integral component of the overall health care system. Maximizing the flexibility with which substance abuse services can be provided to clients improves the effectiveness of the services and lowers costs.

Treatment refers to the broad range of services, including identification, brief intervention, assessment, diagnosis, counseling, medical services, psychiatric services, psychological services, social services and follow-up, for persons with substance abuse problems. The overall goal of treatment is to reduce or eliminate the use of alcohol and/or drugs as a contributing factor to physical, psychological, and social dysfunction and to arrest, retard, or reverse the progress of any associated problems.

Treating substance abuse reduces secondary conditions, including but not limited to HIV disease, fetal alcohol syndrome, cardio-pulmonary disease, cirrhosis, injuries resulting from vehicular crashes and other related incidents. Untreated substance abuse results in increased costs to the overall health care system. Limiting coverage increases utilization of emergency room services and inpatient hospitalization, and shifts the cost of treatment to the public sector as patients with chronic problems exhaust limited benefits. Providing treatment at a level consistent with the nature of the disease can assure that people covered by private insurance are not cost shifted to public funding because of inadequate insurance benefits.

Few patients receiving public services are employed sufficiently to have access to treatment that is covered by private insurance. Allowing patients to access treatment earlier in the development of their substance abuse problem ensures that costs for substance abuse treatment that should be covered by insurers is not shifted to limited taxpayer funded services for "public clients." Increased funding would be required for "safety net" programs if access to treatment services is restricted for clients who are unable to pay. Any reduction in coverage or benefits shifts the cost of substance abuse treatment to publicly-funded services for which the Department of Health is the primary and often sole source of public funding.

According to the National Institute on Drug Abuse *Principles of Effective Treatment: A Research Based Guide* (1999):

> ***No single treatment is appropriate for all individuals.*** Matching treatment settings, interventions, and services to each individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.
>
> ***Treatment needs to be readily available.*** Because individuals who are addicted to drugs may be uncertain about entering treatment, taking advantage of opportunities when they are ready for treatment is crucial. Potential treatment applicants can be lost if treatment is not immediately available or is not readily accessible.
>
> ***Effective treatment attends to multiple needs of the individual, not just his or her drug***

use. To be effective, treatment must address the individual's drug use and any associated medical, psychological, social, vocational, and legal problems.

An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs. A patient may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling or psychotherapy, a patient at times may require medication, other medical services, family therapy, parenting instruction, vocational rehabilitation, and social and legal services. It is critical that the treatment approach be appropriate to the individual's age, gender, ethnicity, and culture.

Remaining in treatment for an adequate period of time is critical for treatment effectiveness. The appropriate duration for an individual depends on his or her problems and needs. Research indicates that for most patients, the threshold of significant improvement is reached at about 3 months in treatment. After this threshold is reached, additional treatment can produce further progress toward recovery. Because people often leave treatment prematurely, programs should include strategies to engage and keep patients in treatment.

Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction. In therapy, patients address issues of motivation, build skills to resist drug use, replace drug-using activities with constructive and rewarding nondrug-using activities, and improve problem-solving abilities. Behavioral therapy also facilitates interpersonal relationships and the individual's ability to function in the family and community.

Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies. Methadone and levo-alpha-acetylmethadol (LAAM) are very effective in helping individuals addicted to heroin or other opiates stabilize their lives and reduce their illicit drug use. Naltrexone is also an effective medication for some opiate addicts and some patients with co-occurring alcohol dependence. For persons addicted to nicotine, a nicotine replacement product (such as patches or gum) or an oral medication (such as bupropion) can be an effective component of treatment. For patients with mental disorders, both behavioral treatments and medications can be critically important.

Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way. Because addictive disorders and mental disorders often occur in the same individual, patients presenting for either condition should be assessed and treated for the co-occurrence of the other type of disorder.

Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use. Medical detoxification safely manages the acute physical symptoms of withdrawal associated with stopping drug use. While detoxification alone is rarely sufficient to help addicts achieve long-term abstinence, for some individuals it is a strongly indicated precursor to effective drug addiction treatment.

Treatment does not need to be voluntary to be effective. Strong motivation can facilitate the treatment process. Sanctions or enticements in the family, employment setting, or

criminal justice system can increase significantly both treatment entry and retention rates and the success of drug treatment interventions.

Possible drug use during treatment must be monitored continuously. Lapses to drug use can occur during treatment. The objective monitoring of a patient's drug and alcohol use during treatment, such as through urinalysis or other tests, can help the patient withstand urges to use drugs. Such monitoring also can provide early evidence of drug use so that the individual's treatment plan can be adjusted. Feedback to patients who test positive for illicit drug use is an important element of monitoring.

Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases, and counseling to help patients modify or change behaviors that place themselves or others at risk of infection. Counseling can help patients avoid high-risk behavior. Counseling also can help people who are already infected manage their illness.

Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment. As with other chronic illnesses, relapses to drug use can occur during or after successful treatment episodes. Addicted individuals may require prolonged treatment and multiple episodes of treatment to achieve long-term abstinence and fully restored functioning. Participation in self-help support programs during and following treatment often is helpful in maintaining abstinence.

SUBSTANCE ABUSE TREATMENT NEEDS STATEWIDE

As presented in the *Statewide Substance Abuse Treatment Plan* (2000) foundation document, the estimated statewide substance abuse treatment needs for the six subpopulations identified are as follows:

Adult population. The total state population of adults in need of substance abuse treatment services is 82,880. Excluding those within "special population" categories, there are approximately 66,304 (80%) for whom treatment services are needed; 15,249 (23%) would need publicly-funded treatment. If demand for publicly-funded treatment is 50%, approximately 7,625 adults would need these services. When the 2,435 clients receiving publicly-funded treatment is deducted, a 5,190 gap (or unmet need) for publicly-funded treatment results.

Adolescent population. The 1998 Hawaii State Department of Health, Alcohol and Drug Abuse Division and the University of Hawaii Speech Department survey of 204 public schools and 44 private schools in Hawaii estimates that at least 16,701 (16%) of students statewide in grades six through twelve are in need of treatment.

Pregnant and Parenting Women. There are an estimated 3,800 families who are active in the child welfare services system. Of this total, approximately 45% (1,710) of the parents – usually women – have at lease one child under 5 years of age. Estimating that 90% of these women would need specialized substance abuse treatment services specifically designed for the mother-child dyad, a total of 1,539 women and their young

children could benefit from treatment.

Intravenous Drug Users. Extrapolated data used to estimate the number of intravenous drug users reveal that there is an estimated 2,975 adults over 18 years of age who are dependent or abusing heroin and only 629 adults receiving services. At a minimum, there are 2,346 adults in need of treatment services.

Co-occurring Disorder Population. Extrapolating the Surgeon General's national figures to Hawaii, it is estimated that 12,088 (25%) persons with serious mental illness also have a substance abuse disorder. It is further estimated that of the 12,088 persons with a serious mental illness who also have a substance abuse disorder, 3,989 (33%) would seek treatment. Of the 3,989 persons with serious mental illness and a substance abuse disorder (co-occurring disorder) who would seek treatment, 1,995 (50%) would need treatment from the public mental health system. This group of individuals consists of two subpopulations: adults with chronic mental illness (serious and persistent mental illness) who typically receive services from the Department of Health's Adult Mental Health Division (estimated to be 1,153 persons), and adults with other serious mental illnesses (estimated to be 842 persons). There remains a need for public funded treatment services for these additional persons.

In comparing the estimated numbers of persons with a co-occurring disorder with the number of persons who are receiving services, there is a gap of 842 persons. Because of the unique situation of two co-existing medical conditions requiring treatment services from two different service delivery systems, the issues related to treatment services are compounded in complexity. Based on the severity of the co-occurring mental health and substance abuse disorders, the individual may receive services in one of the following settings: primary health care setting, community programs, the mental health system, the substance abuse system, state hospitals, correctional facilities, homeless service programs, emergency rooms, or, no care at all. Compared with persons who have a single disorder, persons with co-occurring disorders often require longer treatment, have more crises, and are more vulnerable to relapse and progress more gradually in treatment.

Criminal Justice Population. Priority substance abuse treatment services are essential for a total of 500 persons within the criminal justice subpopulation as indicated below:

Supervised Release. Of the 600 offenders on supervised release, approximately 70% have a substance abuse problem. The difference or gap between those in need of treatment and those actually enrolled is 411 (97.9%).

Probation. There are approximately 15,500 probationers statewide who are under the supervision of the State Judiciary's Circuit and District Courts. (An additional 500 probationers are under the supervision of the United States District Court's Probation Department.) Of the 13,600 (85%) of the probationers under supervision of The Judiciary (Circuit, District and Family Courts) who are in need of substance abuse treatment, approximately 1,063 (7.8%) actually receive treatment.

Corrections. The incarcerated population consists of approximately 1,050 pre-trial/pre-

sentence detainees (or "jail" population) who are incarcerated for less than one year, and the "prison" population of 3,234 incarcerated for a period exceeding one year. (The prison population count includes 1,200 inmates transferred to out-of-state facilities.) Of the 1,050 in the jail population, 893 (85.0%) are in need of substance abuse treatment. Of the 3,234 in the prison population who are incarcerated for a period of more than one year, 2,749 (85.0%) are in need of substance abuse treatment.

Parole. Of the 1,350 parolees (which excludes interstate transfers and revocations), approximately 1,148 (85.0%) are in need of substance abuse treatment. Approximately 65 (4.6%) are enrolled in treatment, which leaves a gap of 1,083 (94.3%).

SUBSTANCE ABUSE TREATMENT AND THE OFFENDER POPULATION

In her presentation to HACDACS on October 6, 2000, Marian Tsuji, Deputy Director for Corrections, Department of Public Safety (PSD), provided an overview of substance abuse treatment and the offender population.

National. According to the Justice Policy Institute report (August 23, 2000) entitled *Poor Prescription: The Costs of Imprisoning Drug Offenders*, nearly one in four prisoners behind bars in America is incarcerated for a drug offense. There are almost as many inmates imprisoned for drug offenses today (458,131) as the entire U.S. prisoner population of 1980 (474,368). The report states that the number of persons imprisoned for drug offenses has increased 11-fold while the number of violent offenders entering state prisons has doubled and the number of nonviolent prisoners has tripled. It will cost states, counties, and the federal government over $9 billion to imprison 458,131 drug offenders this year. Among the report's other findings:

From 1986 to 1996, the number of whites imprisoned for drug offenses has doubled, while the number of blacks imprisoned for drug offenses has increased five-fold, and the number of young blacks imprisoned for drug offenses has increased six-fold.

Each year since 1989, more people have been sent to prison for drug offenses than for violent offenses.

There was a statistically significant association between higher incarceration rates of drug offenders and greater, not less, drug use in the states examined.

California had the highest "drug incarceration" rate of any state in the United States. The number of Californians locked up for drug offenses increased 25-fold since 1980, and there are now twice as many Californians in prison for drug offenses (44,455) as the entire California prison population in 1980.

Nearly half of all drug offenders imprisoned in California last year were imprisoned for simple possession of drugs. In New York, 91% of those imprisoned last year for drug offenses were locked up for possession or one of the state's three lowest level drug offenses.

In six states -- Hawaii, Texas, South Carolina, West Virginia, North Carolina, and Maine -- drug commitment rates for young whites actually declined between 1986 and 1996, while comparable black rates experienced two- to eight-fold increases.

America imprisons 100,000 more persons for drug offenses than the entire European Union (EU) imprisons for all offenses, even though the EU has 100 million more citizens than the U.S..

State. In 1980, the State had less than 800 people incarcerated; 20 years later, there are nearly 5,000 people behind bars. (Approximately 1,100 males and 80 females are incarcerated on the mainland.)

Within the past 10 years, there has been an overall 6-fold increase in the inmate population; the incarceration of women increased 11-fold. (PSD's goal is to expand the Women's Community Correctional Center's 15-bed therapeutic community to 72 beds by 2002 to serve the 250 women currently incarcerated at the women's facility and the 80 women who will be returned from mainland facilities.)

85% of the inmates – 95% of the women inmates – need substance abuse treatment. Current treatment services reach less than 10% of those needing substance abuse treatment.

Nationally, 6% of those incarcerated are women; Hawaii's rate is 10%. Gender appropriate programming is needed for women offenders. (Of the 80 youth who are incarcerated, 25% are girls.)

Prior to the 2000 Legislature, an Administration proposal was developed collaboratively by the Departments of Public Safety and Health, the Hawaii Paroling Authority and The Judiciary's Adult Probation Division. The purpose of the proposal was to develop alternatives and to increase the availability and accessibility of substance abuse treatment services for offenders who are incarcerated or on in-community supervised release, probation or parole.

The interagency effort identified critical points along the criminal justice continuum, as well as segments of the target population having limited access to substance abuse treatment. Statewide, the number of criminal justice offenders who were on in-community supervised release, probation or parole and incarcerated in 1999, totaled 22,234. Of this total, approximately 18,810 (84.6%) needed substance abuse treatment. Although 1,850 (9.8%) received treatment, a gap of 16,960 (90.2.%) remains.

Pretrial diversion. The PSD's Intake Service Center administers the Supervised Release program. Pretrial offenders, who have been assessed not to be a flight risk or public safety risk, are released into the community pending adjudication. The supervised release program provides for an alternative to incarceration while providing access to substance abuse treatment, when available. In FY99, 600 offenders were approved for the supervised release program: 150 (25%) of the 600 offenders had their supervised release status revoked; 120 (80%) of the 150 were drug-related revocations.

Probation. Through its probation activities, The Judiciary provides presentence investigation, supervision, treatment and other correctional services for adult offenders sentenced to court supervision, including conditional release from the Hawaii State Hospital. The Hawaii Drug Court Program in the First and Second Circuit Courts are established and funds were appropriated to establish drug court programs in the Third and Fifth Circuits on the Big Island and Kauai, respectively. There are approximately 15,500 probationers statewide who are under the supervision of the State Judiciary's Circuit and District Courts. (An additional 500 probationers are under the supervision of the United States District Court's Probation Department.) In FY99, 595 probationers were incarcerated for violating conditions of probation -- 150 (25%) violated their probation for drug-related reasons.

Corrections. PSD provides screening and assessment, drug testing and substance abuse treatment for incarcerated sentenced felons. The Department's substance abuse treatment services include education activities, group living programs in a prison setting (therapeutic community programs) and group living programs in the community (transitional therapeutic living services). The incarcerated population consists of approximately 1,050 pre-trial/pre-sentence detainees (or "jail" population) who are incarcerated for less than one year, and the "prison" population of 3,234 incarcerated for a period exceeding one year. Of the 1,050 in the jail population, 893 (85.0%) are in need of substance abuse treatment. Of the 3,234 in the prison population who are incarcerated for a period of more than one year, 2,749 (85.0%) are in need of substance abuse treatment.

Parole. The Hawaii Paroling Authority (HPA) is a quasi-judicial body that is administratively attached to the Department of Public Safety. The duties of the HPA include establishing the minimum term of imprisonment that an offender should serve before being considered for parole; determining whether a prisoner should be granted parole; revoking parole when violations occur and revocation is in the best interest of society; discharging parolees from parole when deemed appropriate; and making recommendations to the Governor on petitions for pardon. Of the 1,350 parolees (which excludes interstate transfers and revocations), approximately 1,148 (85.0%) are in need of substance abuse treatment. In FY99, 433 parolees were incarcerated for violating conditions of parole -- 175 (40%) violated their parole for drug-related reasons.

ACTIVITIES

Throughout the year, members participated in various activities that address substance abuse prevention and treatment:

> ***Mental Health and Substance Abuse Treatment Insurance Benefits.*** Commissioner Dominic Inocelda represented HACDACS at meetings of the Windward Oahu Subarea Board (SAB) to plan for the educational session convened on January 10, 2000, for policy makers on consumers' concerns with Chapter 431M, Hawaii Revised Statutes, relating to mental health and alcohol and drug abuse treatment insurance benefits. As part of the session, Dr. Paul Samuels, Executive Director of the Legal Action Center, briefed legislators on the legal, actuarial and clinical implications of parity in mental health and substance abuse treatment insurance benefits.

State Incentive Grant (SIG). Chairperson Thelma Nip represents HACDACS as an appointee to the SIG Advisory Committee and attends the SIG meetings and training sessions. Commissioners Judy Akamine and Dominic Inocelda attend work group meetings at which a broad range of issues relating to community education, community action, communication and advocacy are discussed.

Child Welfare and Substance Abuse Services Collaboration. Commissioners Barbara Yamashita and Kristine Foster are both members of an interagency work group that is developing a model and a strategic plan to address the collaboration among the child welfare and substance abuse treatment service systems. The purpose of the work group is to address the barriers to safety and permanency for children of parents with substance abuse problems.

Offender Treatment Services. Commissioners Wendell Murakawa and Alison Dingley monitor the Administrative and Legislative initiatives relating to the funding of offender treatment services. During the 2001 Session, funds were appropriated for the Administration request for substance abuse treatment and case management services within to address the continuum of criminal justice – pre-trial, probation, corrections and parole – populations.

Certified Substance Abuse Treatment Providers. Commissioner Gary Blaich serves as the HACDACS representative to the working group addressing substance abuse treatment counseling issues. With added funding for substance abuse treatment services being committed, there is a concomitant need for increasing the pool of practicing health professionals and paraprofessionals in the community to become qualified to provide substance abuse treatment services. Some of the issues that participants cited will address include: the demand for certified substance abuse counselors arising from treatment capacity expansion, cross-training that integrates substance abuse treatment with mental health, criminal justice and other service systems, and the investigation of alternative teaching/learning venues.

Site Visit to KASHBOX Program. On June 28, 2001, Commissioners conducted a site visit of the Department of Public Safety KASHBOX Program located at the Waiawa Correctional Facility. The site visit, which provided members with a first-hand perspective of substance abuse treatment within the context of the correctional setting, included both the KASHBOX Therapeutic Community and the Crossroads Parole Violator Program.

RECOMMENDATIONS

HACDACS recommendations to address the issue of substance abuse are as follows:

- ⇨ **HACDACS recommends that substance abuse prevention resources directed at families, schools, communities and workplaces be developed and implemented through a statewide prevention strategy that is coordinated and leveraged to reduce alcohol and other drug use among our youth.**

- ⇨ **HACDACS recommends support for initiatives that address underage drinking through education and enforcement activities, including but not limited to media campaigns and the imposition of graduated sanctions on those who sell alcoholic beverages to minors.**

- ⇨ **HACDACS recommends providing increased resources to establish a continuum of substance abuse treatment services -- residential, day treatment, intensive outpatient, outpatient, and therapeutic living modalities for adults, and residential and school-based modalities for adolescents -- to ensure the availability and accessibility of substance abuse treatment at the most appropriate level of care.**

- ⇨ **HACDACS recommends that support services -- primary health care, housing, public assistance, education and vocational training, transportation -- be adequately funded to support successful, long-term recovery.**

- ⇨ **HACDACS recommends equalizing health insurance coverage between behavioral health and other medical services by barring limitations or financial requirements on the coverage of behavioral health benefits if similar limitations or requirements are not imposed on medical and surgical benefits.**

As stated in §329-4, HRS, the duties of the Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACS) are to:

(1) Act in an advisory capacity to the department relating to the scheduling of substances provided in part II of this chapter, by recommending the addition, deletion, or rescheduling of all substances enumerated in part II of this chapter.

(2) Act in an advisory capacity to the department relating to establishment and maintenance of the classes of controlled substances, as provided in part II of this chapter.

(3) Assist the department in coordinating all action programs of community agencies (state, county, military, or private) specifically focused on the problem of drug abuse.

(4) Assist the department in carrying out educational programs designed to prevent and deter abuse of controlled substances.

(5) Encourage research on abuse of controlled substances. In connection with such research, and in furtherance of the enforcement of this chapter, it may, with the approval of the director of health:

(A) Establish methods to assess accurately the effects of controlled substances and to identify and characterize controlled substances with potential for abuse;

(B) Make studies and undertake programs of research to:

(i) Develop new or improved approaches, techniques, systems, equipment, and devices to strengthen the enforcement of this chapter;

(ii) Determine patterns of abuse of controlled substances and the social effects thereof; and

(iii) Improve methods for preventing, predicting, understanding, and dealing with the abuse of controlled substances.

(6) Create public awareness and understanding of the problems of drug abuse.

(7) Sit in an advisory capacity to the governor and other state departments as may be appropriate on matters relating to the commission's work.

(8) Act in an advisory capacity to the director of health in substance abuse matters under chapter 321, part XVI. For the purposes of this paragraph, "substance" shall include alcohol in addition to any drug on schedules I through IV of this chapter and any substance which includes in its composition volatile organic solvents.